

RECEIVED
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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Jeffrey DeLosSantos

18 CV 11053

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

NYPD, Bronx SVU, Officer John
Doo Arresting, Arresting officer John
Doo, Carmen Austin, Officer Jane
Doo

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☐ Violation of my federal constitutional rights

☒ Other: False Arrest, Filing False police Report

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Jeffrey J Delossantos
 First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

426877

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Northern Correctional Institution
 Current Place of Detention

287 Bilton Road
 Institutional Address

Somers
 County, City

C.t.

State

06071

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

John Doe
 First Name Last Name Shield #
 Arresting officer
 Current Job Title (or other identifying information)
 Bronx SVU
 Current Work Address
 Bronx N.Y.
 County, City State Zip Code

Defendant 2:

CARMEN AUSTIN
 First Name Last Name Shield #
 FALSE ACCUSER
 Current Job Title (or other identifying information)
 3461 WILSON AVE # 213
 Current Work Address
 Bronx N.Y. 10469
 County, City State Zip Code

Defendant 3:

John Doe
 First Name Last Name Shield #
 Arresting officer
 Current Job Title (or other identifying information)
 Bronx SVU
 Current Work Address
 Bronx N.Y.
 County, City State Zip Code

Defendant 4:

JANE DOE
 First Name Last Name Shield #
 Arresting officer
 Current Job Title (or other identifying information)
 Bronx SVU
 Current Work Address
 Bronx N.Y.
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: 217 street Bronx, Wilson Ave Bronx, Bronx SVU

Date(s) of occurrence: July 14, 2015, June 2015

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON JUNE 3RD or 4TH CARMEN AUSTIN ALLEGED THAT SHE WAS RAPED. SHE THEN PROCEEDED TO FILE A FALSE POLICE REPORT ACCUSING ME OF BEING HER ATTACKER. OVER A MONTH LATER I WAS ARRESTED AND CHARGED WITH RAPE. MY DNA HAS BEEN IN THE SYSTEM SINCE 2005. I THE POLICE HAD DONE THEIR JOB AND INVESTIGATED I WOULD HAVE NEVER BEEN WRONGLY ARRESTED. I WAS ASSAULTED BECAUSE OF THE RAPE ALLEGATIONS. IT WAS LATER DISCOVERED THAT I WAS NOT HER RAPIST BECAUSE MY DNA WAS NOT A MATCH TO THE DNA FROM HER RAPE KIT.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I WAS PSYCHICALLY ASSAULTED WHILE I WAS IN LOCK UP
AND BY ALL OF CARMENS CHILDREN.
I HAVE BEEN DEPRESSED AFTER THESE ALLEGATIONS

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

\$5,000,000
Five Million Dollars

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

November 4th 2018 _____
 Dated Plaintiff's Signature

Jeffrey J DELOSSANTOS _____
 First Name Middle Initial Last Name

287 Bilton Road _____
 Prison Address

Somers C.t. 06071 _____
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: November 5th 2018

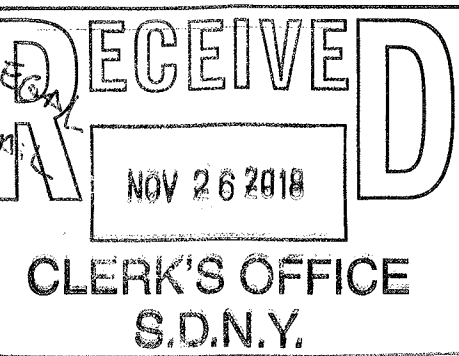
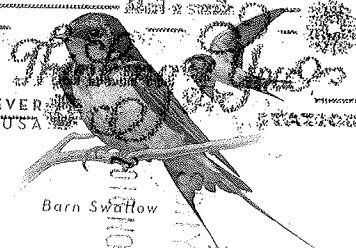
ROSSANTOS 426877
CORRECTIONAL INSTITUTIONAL
N ROAD
t. 06071

Pro Se
MR

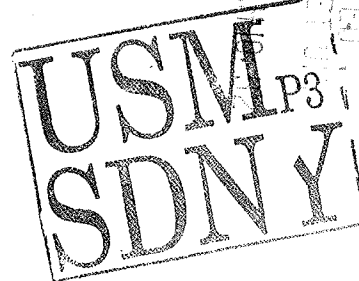
HARTFORD CT 061

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FOREVER
USA



ATTN: Court CLERK
SOUTHERN DISTRICT OF NEW YORK
500 PEARL STREET
NEW YORK N.Y. 10007



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NMATE AT A
RECTIONAL FACILITY

10007-132099

